

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.
10/557,580
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
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4	1	2				
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TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	3		←	←	←	←
TOTAL CLAIMS	5					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						

PTO-836 (REV. 9/63)

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